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CONFIRMATION NO. 8658

<b>SERIAL NUMBER</b> 10/667,271	<b>FILING OR 371(c) DATE</b> 09/16/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1635	<b>ATTORNEY DOCKET NO.</b> MBHB02-763-B (400/129))
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/444,853 05/23/2003 and is a CIP of PCT/US03/05043 02/20/2003  
 and is a CIP of PCT/US02/09187 03/26/2002  
 and is a CIP of PCT/US03/05043 02/20/2003  
 which claims benefit of 60/401,104 08/05/2002  
 and said PCT/US02/09187 03/26/2002  
 claims benefit of 60/358,580 02/20/2002  
 and claims benefit of 60/363,124 03/11/2002  
 and said PCT/US03/05043 02/20/2003  
 claims benefit of 60/386,782 06/06/2002  
 and claims benefit of 60/440,129 01/15/2003  
 and claims benefit of 60/409,293 09/09/2002  
 and claims benefit of 60/408,378 09/05/2002  
 and claims benefit of 60/406,784 08/29/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 UNITED STATES OF AMERICA PCT/US03/05043 02/20/2003  
 UNITED STATES OF AMERICA PCT/US02/09187 03/26/2002

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 01/02/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 24	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

**ADDRESS**  
020306

**TITLE**  
RNA interference mediated inhibition of hepatitis C virus (HCV) gene expression using short interfering nucleic acid (siNA)

<b>FILING FEE RECEIVED</b> 575	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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